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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/552,354			ing Date 06/2005	To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)								SMALL	ENTITY 🛛	OR	OTHER THAN R SMALL ENTITY		
	FOR	N	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A			N/A		N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	AL CLAIMS CFR 1.16(i))		minus 20 =		*			X \$ =		OR	X \$ =		
IND	EPENDENT CLAIN CFR 1.16(h))	IS	minus 3 =		*			X \$ =			X \$ =		
	APPLICATION SIZE 37 CFR 1.16(s))	shee is \$2 addit	If the specification and drawin sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fractio 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))													
* If t	he difference in col	umn 1 is less than	r "0" in colun		TOTAL			TOTAL					
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	06/09/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	* 28	Minus	** 28		= 0		X \$26 =	0	OR	X \$ =		
	Independent (37 CFR 1.16(h))	* 2	Minus	***3		= 0		X \$110 =	0	OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
		(Column 1)		(Column	12)	(Column 3)							
ENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ER JSLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		X \$ =		OR	X \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))									Ī			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									nstrument Fx	OR (amin	TOTAL ADD'L FEE er:		
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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